

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 01/01/2015

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

for 2015

Section 1: ORGANIZATIONAL INFORMATION

Organization Name KENDAL AT HANOVER

Street Address 80 LYME ROAD

City HANOVER

County 05 - Grafton

State NH Zip Code 037551218

Federal ID # 020519490

State Registration # 5156

Website Address: WWW.KAH.KENDAL.ORG

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

Yes IF YES, please attach the updated information.

Chief Executive: Rebecca A. Smith 6036437014 rsmith@kah.kendal.org

Board Chair: Anne Page 6036435040 apagenh@gmail.com

Community Benefits

Plan Contact: Brent B. Edgerton 6036437004 bedger@kah.kendal.org

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Together, transforming the experience of aging.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Community/Population Served by the Organization:

Inner community/population: Kendal at Hanover serves approximately 405 residents who have "life care" contracts. Based upon the origin of residents currently residing at Kendal at Hanover, the primary market area can be defined as the Upper Valley Lake Sunapee Region, an area that spans the state line of New Hampshire and Vermont, and is situated along the Connecticut River. Approximately 40% of the resident population previously lived within a twenty-mile radius of our community. Other areas of New Hampshire and Vermont are viewed as a secondary market area because an additional 30% of the resident population originated from these locations. Of the remaining residents, approximately 12% came from New York State, 7% from Massachusetts, 5% from Connecticut, 3% from Maine, and 3% from Pennsylvania.

The Agreement provides a high quality health care program that offers a continuum of care, which fosters wellness and treats each resident with dignity, regardless of age or condition. Our retirement community is designed to be a place where people "live" rather than a place where people are "taken care of." Kendal at Hanover encourages residents to move in early in their retirement years to make the most of new opportunities and new relationships. Applicants are sought whose presence will make a positive contribution to the Kendal community and will foster an atmosphere of mutual respect, caring and trust. Kendal at Hanover's goal is to be inclusive, welcoming and encouraging people of all backgrounds who will both gain from and contribute to the community they choose to live in.

The Financial design of our community serves certain social objectives. These objectives arise from the commitment to egalitarian principles and Quaker values as well as from our status as a not-for-profit charitable organization. An obligation explicitly stated in our core commitments is "to make our services more effective, affordable, and efficient."

A basic value permeating the entire atmosphere of our community is our belief in the dignity, worth, and equal value of each individual, regardless of age, condition, or economic status.

The financial design of our continuing care retirement community serves our social objectives in two ways. First, some residents are given direct fee subsidies. Their own funds are supplemented by assistance funds that have been set aside or contributed for this purpose. Current residents who become unable to pay the full monthly fees, due to unanticipated reverses

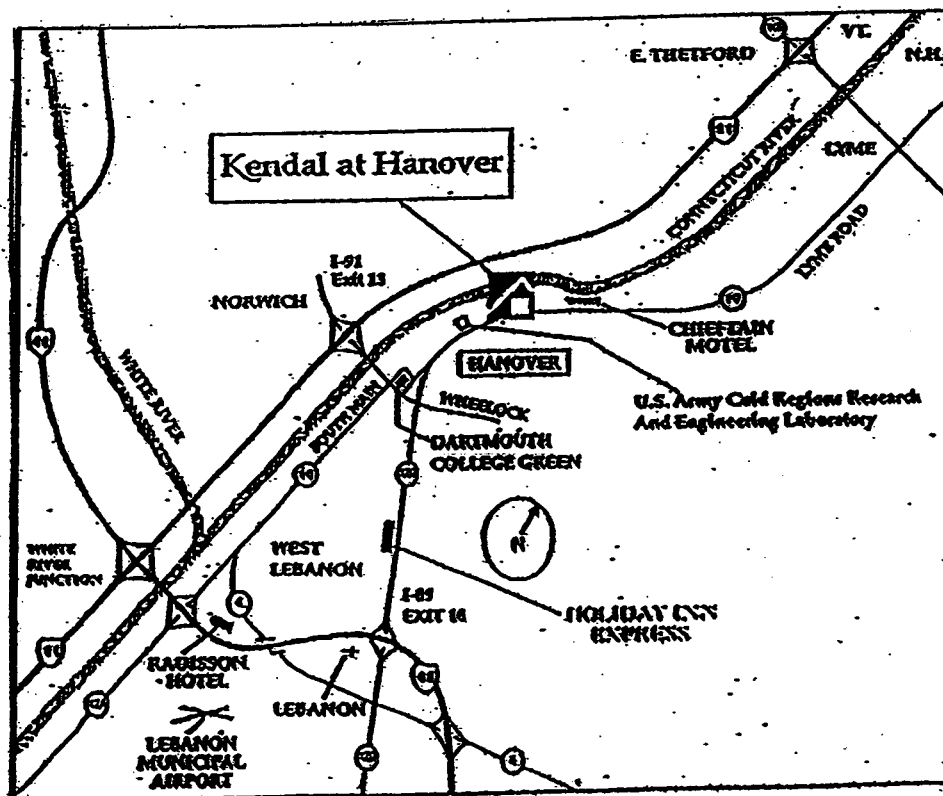
or inflation, may apply to the assistance funds for help. New residents who cannot afford the full fees may be admitted with assistance as well. Through Fiscal Year 2007 (March 31, 2007), Kendal at Hanover has never subsidized an applicant on the entrance fee on entry to the community. (In April 2007, Kendal at Hanover subsidized its first ever applicant on the entrance fee on entry to the community.)

Secondly, subsidies of several kinds are deliberately built into our pricing structures. Kendal at Hanover employs a comprehensive fee structure that socializes costs in such a way that people of lesser means are able to join our community. Through the comprehensive fee structure, all residents are provided financial security, particularly with regard to the potentially catastrophic costs of long-term nursing care. Since the costs of long-term care are shared among the residents as a group, those who are well help subsidize those who need health care. In Kendal at Hanover's fully insured contracts, the basic fees cover lifetime health care at the same monthly fees as living independently in the apartments.

In addition to health care, virtually all other basic services are provided through the monthly fee. Kendal at Hanover avoids applying extra charges for individual services or additional options whenever possible, providing the same level and quality of services to all residents. In this way, Kendal at Hanover eliminates economic distinctions among residents and preserves the egalitarian nature of our community.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Kendal at Hanover has now reached financial strength and maturity as a Continuing Care Retirement Community (CCRC). In addition, the community has begun the process of again evaluating its role for the wider community. Kendal at Hanover continues to be a non-profit and leading institution in the Upper Valley.



In defining the Upper Valley geographically, Kendal at Hanover is presently focusing on the outer community/population as a thirty-mile radius. It includes the town of Lyme, New Hampshire to the north; the town of Hanover, where we reside; Lebanon, New Hampshire and White River Junction, Vermont to the south; Enfield and Canaan, New Hampshire to the east; and Norwich, Vermont to the west.

The geographical map illustrated above depicts the perceived outer community/population that Kendal at Hanover is presently focusing on as our organization analyzes and researches ways of serving the wider community.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2009 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	101
2	300
3	372
4	501
5	507
6	600
7	601
8	603
9	609

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	509
B	
C	
D	
E	
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease - Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease - Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment
- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 - Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - *Community Supports; General*
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 - Other Community Need

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	5 <input checked="" type="radio"/> 1	\$723.00	\$1,000.00
<i>Community-based Clinical Services</i>	3 <input checked="" type="radio"/> 1	\$532.00	\$1,000.00
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	-- -- --		
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	5 <input checked="" type="radio"/> 7	\$20,000.00	\$20,000.00
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i>	-- -- --		
<i>Type of Service: Chronic Disease - Prevention</i>	3 7 2	\$5,000.00	\$5,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	5 0 1	\$7,223.00	\$10,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	5 0 9	\$8,436.00	\$20,000.00
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	6 0 3	\$171.00	\$5,000.00
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	6 0 9	\$497.00	\$1,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	6 0 0	\$976.00	\$12,000.00

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	6 0 3	\$24,343.00	\$20,000.00
<i>Community Needs/Asset Assessment</i>	6 0 9	\$13,012.00	\$10,000.00
<i>Other Operations</i>	9 9 9	\$994.00	\$1,000.00

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 0 1	\$50,962.00	\$54,263.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	6 0 3	\$351,897.00	\$354,560.00
<i>Medicaid Costs exceeding reimbursement</i>	-- -- --		
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$3,779,523.00
<i>Net Revenue from Patient Services</i>	\$611,074.00
<i>Total Operating Expenses</i>	\$4,879,713.00
<i>Net Medicare Revenue</i>	\$611,074.00
<i>Medicare Costs</i>	\$307,488.00
<i>Net Medicaid Revenue</i>	\$0.00
<i>Medicaid Costs</i>	\$0.00
<i>Unreimbursed Charity Care Expenses</i>	\$50,962.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$433,804.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$484,766.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$484,766.00

Note: Kendal paid to the Town of Hanover
real estate taxes in the amount of
\$1,285,693 in Calendar Year 2015.

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Southeast Vermont Community Action	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Upper Valley United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Twins Pines Housing Trusts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Headrest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) The Family Place	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Upper Valley Haven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Grafton County Jail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Child Care Project	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) New Hampshire Pro Bono	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) Robert A. Mesropian Center for Community Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11) Service Link	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) Upper Valley Lake Sunapee Regional Planning Commission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13) Tri-County CAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14) WISE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15) Community Alliance Transportation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16) Sullivan County United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17) Valley Court Diversion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18) Ottauquechee Health Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19) COVER Home Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20) Associate Professor of Community and Family Medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21) Chuck Townsend, Consultant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22) Donlon Wade, LADAC, Private Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23) Daniel Weinreb, Consultant to Upper Valley United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Please see attached "Community Needs & Priorities Summary Report" for the Bi-State Coalition for Community Health Improvement Needs Assessment.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>